

Mr. H.G. Joe Lodes 1946 Dodier  
 DOCUMENT  
 BY AFFIDAVIT OF Funeral Director

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Missouri</b>		Length of stay in 1b	c. CITY OR TOWN <b>St. Louis.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis City Hosp. #1</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1819a (rear) N. Market, St.</b>

3. NAME OF DECEASED (Type or print) First <b>Albertine</b> Middle <b>(Alvina)</b> Last <b>Lodes</b>			4. DATE OF DEATH Month <b>November</b> Day <b>4</b> Year <b>1960</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIAGE STATUS Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/12/1883</b>	9. AGE (last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Retired Shoe Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Mfg.</b>	11. BIRTHPLACE (City and state or country) <b>Mascoutah, Illinois.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Joseph Walter</b>		13b. MOTHER'S MAIDEN NAME <b>Maria Kehrer</b>		14. NAME OF HUSBAND OR WIFE <b>George Lodes</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Nil.</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT <b>H.G. Joe Lodes, 1946a Dodier, St.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <b>300 days</b> <b>mos.</b>
IMMEDIATE CAUSE (a) <b>From negative Septicemia</b>			
DUE TO (b) <b>Carcinomatosis</b>			
DUE TO (c) <b>199.2</b>			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <b>10-28-60</b> to <b>11-4-60</b> and last saw her/him alive on <b>11-4-60</b>	
Death occurred at <b>8:00</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <b>W. Yates Trotter, Jr. M.D.</b>	(Degree or title)	22b. ADDRESS <b>1515 Lafayette Ave.</b>	22c. DATE SIGNED <b>11-4-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>11-6-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Local</b>	23d. LOCATION (City, town, or county) <b>Dahlgreen, Illinois.</b>	(State)
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24. FUNERAL DIRECTOR <b>Albert H. Hoppe Inc., 4700 Washington, Blvd.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>NOV 7 1960</b>	26. REGISTRAR'S SIGNATURE <b>Keal Smith, M.D.</b>
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harry E. Mon

Licensed Embalmer No. 449

P. O. Address So Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to  
with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.